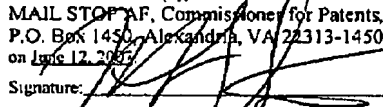
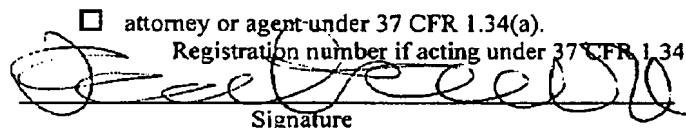


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JUN 12 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 057878-000011
CERTIFICATE OF TRANSMISSION [37 CFR 1.8(b)] I hereby certify that this correspondence is being faxed to the U.S. PTO General Facsimile No. (571) 273-8300 under 37 C.F.R. section 1.8(b), and is addressed to MAIL STOP AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 12, 2007. Signature:  Name: Megan L. Stenbridge		In re Application of DINARELLO et al. Application Number 10/679,201 Filed October 3, 2003 For METHOD OF TREATMENT USING A CYTOKINE ABLE TO BIND IL-18BP TO INHIBIT THE ACTIVITY OF A SECOND CYTOKINE Group Art Unit 1647 Examiner WOODWARD, C. M.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate entity fee are as follows ☒ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ <u>120.00</u> ☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ _____ ☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ _____ ☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ _____ ☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ _____ ☐ Applicant claims small entity status. ☐ A check to cover the fee is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the ☐ applicant/inventor ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). ☒ attorney or agent of record. ☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____  Signature June 12, 2007 Date <u>David S. Resnick (Reg. No. 34,235)/Leena H. Karttunen (Reg. No. 60,335)</u> <u>617-345-6057/617-345-1367</u> Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		

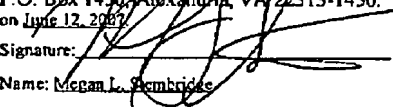
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☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____
☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____

☐ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0850.
I have enclosed a duplicate copy of this sheet.

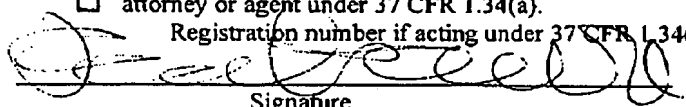
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
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☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
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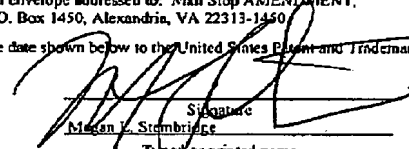
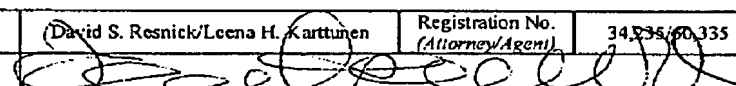

 Signature _____ Date June 12, 2007

David S. Resnick (Reg. No. 34235)/Leena H. Karttunen (Reg. No. 60335)
 Typed or printed name _____ Telephone Number 617-345-6057/617-345-1367

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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JUN 12 2007

FEE TRANSMITTAL FOR FY 2007				<i>Complete if Known</i>																																																																																																																																																																																																																																					
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20** =</td> <td>X</td> <td></td> <td>0</td> </tr> <tr> <td>Independent Claims -3** =</td> <td>X</td> <td></td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td>X</td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(S) 0</td> </tr> </tbody> </table> **or number previously paid, if greater. For Reissues, see above				Total Claims	Extra Claims	Fee from below	Fee Paid	-20** =	X		0	Independent Claims -3** =	X		0	Multiple Dependent	X		0	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple dependent claim, if not paid	1204	200	2204	100	** Reissue independent claims over original patent	1205	50	2205	25	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)				(S) 0	CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 ☒ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300. June 12, 2007 Date Signature:  Megan L. Stombridge Type or printed name																																																																																																																																																																																		
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SUBMITTED BY Name (Print/Type): David S. Resnick/Leena H. Karttunen Signature: 				Complete (if applicable) Registration No. (Attorney/Agent): 34,535/60,335 Telephone: (617) 345-6057/1367 Date: June 12, 2007																																																																																																																																																																																																																																					